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PTD/SB/08 (12-04)
Approved for use Brough 7/3 \(\)2008, OMB 0SS1-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								2000	107549778				
APPLICATION AS FILED - PART ( (Column 1) (Column 2)						•	SMALL ENTITY			OTHER THAN SMALL ENTITY			
L	FOR NUMBER FILED NUMBER E			EXTRA	l	RATE (8)	FEE (S)		RATE (1)	FEE (3)			
BASIC FEE DV CFR 1.18(4), (b), or (cf)		r (ct)				1		1150	1	14112	1		
6E	SEARCH FEE 37 CFR L1801 (B, or (m)					1		Lan	1	<b></b>	-		
EXAMBIGATION FEE				<del></del>			1		248	1		<b></b>	
TOTAL CLAIMS CIT CFR 1.16(D)		[0	7 mbus	20 • •	. 17			x -	-		×	<del> </del>	
PAT	EPENDENT CL	AIMS	-						╅┄	<b>∀</b> ‴		<del> </del>	
(37 CFR 1.15(h))						ł	x •		Į	х •			
APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(3)										1			
-8	the difference in	column 1 is le	is than zero, o	atler 'V' in col	umn 2.	•	•	TOTAL	-	1	TOTAL		
APPLICATION AS AMENDED - PART II											77/441		
	HHIO	(Column 1		(Column		(Column 3)		SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
YT A		REMAINS AFTER AMENDME	IG NT	PREVIOUS PAID FO	R	PRESENT EXTRA		RATE (8)	ADDI- TIONAL FEE (3)		RATE (3)	ADDI- TIONAL FEE (\$)	
ENDMENT	Total promitted	1.42	Minus	- 0		25	Н	х =	625	OR	х •	_	
Ä	by our street	8	Minus	" Ø		5	П	x =	500	OR	x •		
₹	Application Size Fee (37 CFR 1:18(s))						Н						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))							180	OR		•		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
VT B		CLAIMS REMAININ AFTER AMENDME		HIGHES NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (5)	ADDI- TIONAL FEE (1)		RATE (8)	ADDI- TIONAL FEE (3)	
ME	Total (27 CFR 1.14(3)	•	Minus	-	T	•		X +		OR	*	155 (4)	
MENDMENT	independent pr crn 1,1000	•	Minus	***	1		ı	x •					
WE.	Application Size	plication Size Fee (37 CFR 1.16(s))					ŀ			OR	X -		
4	FRST FRESENTATION OF MILTIPLE DEPENDENT CLASS (27 CFR 1,180)					ſ			OR				
	Ethe anto- to -	A						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.     If the Tighest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20".     The Tighest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20".     The Tighest Number Proviously Paid For" (Total or independent is the bishest number from in the appropriate have been appropriate than the proviously Paid For" (Total or independent is the bishest number from in the appropriate have been appropriate than the paid For I Total or independent in the bishest number from in the appropriate have been appropriate.													

The register reamer previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of the use or require to complete first term and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEMD FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.